## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/24/10</u>	Address:	6/31 E 800 S	
Case #:	96-05644		Elizabethtown, IN 47232	
County:	Bartholomew			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
=	onal Lab al/Glassware/Equipment (only) ite (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s): outbuilding/open air				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: bathroom/ontbuilding/open air				
Water Reactive Metal (Lithium): outbuilding/open air				
Anhydrous Ammonia: outbuilding/open air				
☑ Hydrochloric Acid Gas Generator(s): outbuilding/open air				
Corrosive Acid: <u>bathroom/open air</u>				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	Investigative Information  Ephcdrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:				
Fire Depar	tment: Elizabethtown VFD	Fax:		
Health Dep	partment: Bartholomew Health	Fax: Fax:		
Child Prote	ection Service:		_	
For further information regarding this methamphetamine laboratory, contact investigating Officer: Tom Eglet Phone 317-234-4591				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sont to the Clandestine Laboratory Team Leader for retention.